

Commonwealth of Massachusetts Health Care Quality and Cost Council Two Boylston Street, 5th floor Boston, MA 02116

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JUDYANN BIGBY, M.D.
Chair
KATHARINE LONDON
Executive Director

End of Life Care Meeting Minutes

Wednesday, October 3, 2007 11:00 a.m. – 12:30 p.m. One Ashburton Place 21st Floor, Room 1 Boston, MA

Attendees: Elizabeth Capstick, Jim Conway, Tom Lee, Katharine London, Dolores Mitchell, Quentin Palfrey, Michael Varadian

Meeting called to order at 11:05pm

I. Overview of the Committee's Responsibilities

• The Committee approved Jim Conway as Chair of the End of Life Committee. In the first committee meeting since the new committee structure, the End of Life (EOL) Committee reviewed the statute and discussed the Committees charge. The EOL committee is charged with identifying concrete steps to improve End of Life Care. The new committee structure will allow the members to look into specific cost and quality implications regarding EOL. The committee hopes to establish concrete steps and make recommendations to the Council in moving forward.

II. Review of work previously done by the Council on End of Life Care.

- The Committee reviewed previous work on end of life care completed by the cost committee. Ruth Palombo and Rigney Cunningham reviewed the "end of life suggestions" they submitted to the Cost Committee in July. The Committee discussed the EOL care suggestions presented and looked at the overall relationship of EOL care to the quality and cost of Health Care in MA. The data suggests that MA has a very strong end of life community, and that the importance of targeting the issue will lead to a reduction in the cost of health care overtime. The suggestions touch on a number of areas, specifically the importance of education and policy in the area of EOL. Easy access to forms, and protocols for addressing the issues through conversation were some of the major topics highlighted in the suggestions.
- Committee looked at other states and their work on EOL. States have tried different models in approaching EOL care and Oregon specifically stands out amongst the states with its Physician Order Form for Life Sustaining Treatment—70 percent of the elderly have Physician Order Forms in medical charts. The Committee will be looking specifically into policies in place in Oregon, New York and other states. Committee expressed interest in possibly adopting a similar model in MA.

• Committee discussed the need to include leading initiatives in the conversation around EOL care. In moving forward the Committee plans to find ways to identify these players and possibly invite them to present their work. Committee members asked that members email Katharine London with the names of any major players they are already in contact with.

The Committee discussed next steps in moving forward with some of the End of Life suggestions. On November 7, 2007 EOL will meet to look at:

- 1) Increase use of Physician Orders for Life-Sustaining Treatment (standard form)
- 2) Increase use of palliative care
- 3) Physician education
- 4) Consumer education
- 5) Specific focus on reducing disparities
- 6) Fund the End of Life Commission
- 7) Develop best practices for EOL care, including methods to measure quality of EOL care.
- The Committee discussed using the format for recommendations used by the Shalala/Dole Commission on care for America's returning wounded Warriors: who should do what by when.

Meeting adjourned 12:30